

CLAIMS ONLY							Application Number		Filing Date				
							Applicant(s)						
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51	/					
2		/					52		/				
3		/					53	/					
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46		/					96						
47	/						97						
48		/					98						
49	/						99						
50	/						100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						